

Hamilton County Health Dept.

One Hamilton County Square, Suite 30
Noblesville, Indiana 46060

Permit Number: _____

Completed System

Approved: _____

Date: _____

On-Site Septic System Permit Application

Please check the appropriate spaces and fill in all additional information or insert N/A if not applicable.

Application for: ☐ New construction ☐ Replacement of current system ☐ Tank only ☐ Drain only

If Repair, Reason for Repair: ☐ Damaged System ☐ Seasonal Water Table ☐ System Age ☐ Illegal Discharge
☐ Improper Const. ☐ Improper Design ☐ Lack of Maintenance
☐ System Depth ☐ Undersized system ☐ Surface Failure

Previous permit #: _____ Original system date (yr.): _____

Permit Information

Owner Name: _____ Site Address: _____
Address: _____ City: _____
City, State, Zip: _____ Subdivision: _____ Lot: _____
Phone: _____ or _____ Township: _____ Parcel# _____

Installer Name: _____ Company Name: _____

Property & Water Supply Description

Use of facility: ☐ 1 Or 2 family dwelling ☐ Commercial ☐ Restaurant ☐ Daycare ☐ School
☐ Mobile Home Park ☐ Campground ☐ Other

Of Bedrooms _____ # of Jetted Tubs (>125gals): _____ Lot Size: _____

Water Supply: ☐ Public Water Supply ☐ Proposed Well
☐ Existing Well Size: _____ Depth: _____

Septic System and Secondary Disposal Description

Septic Tank Manufacturer: _____ Septic Tank Size: _____ gal
Dosing Tank Manufacturer: _____ Dosing Tank Size: _____ gal

Distribution: ☐ Gravity Flow ☐ Flood Dosing ☐ Pressure Distribution

Secondary Treatment: ☐ Single Pass Media Filter ☐ Recirculating Media Filter ☐ Aerobic Treatment Unit
(if applicable) Manufacturer: _____ Model Type: _____

Disposal: ☐ Absorption field.....Sq.Ft. _____ Trench Depth: _____
☐ Gravelless.....Sq.Ft. _____ Trench Depth: _____
☐ Sand Mound.....Basal Area: _____ Agg. Bed Area: _____
☐ Drip IrrigationLn.Ft: _____ Manufacturer _____

Perimeter Drain Size: _____ Depth: _____ Stone: _____

I, the undersigned, do now affirm under penalties of Perjury that the foregoing information and/or representations are true and further do now certify that Well construction/pump installation for this facility will be installed to meet State and local requirements of the Health Department of Hamilton County, Indiana.

Date: _____ Signed: _____

System Approved: _____ System Denied: _____ Corrections Required: _____ Signed: _____
(See Reverse Side for Corrections) Date: _____